CDC Information Council (CIC)
Meeting Minutes
May14, 2001 10:30-12:00 pm
Clifton Building 16, Conference Room 5126

The inaugural meeting of the CDC Information Council was held on May 14, 2001
Clifton Building 16, Room 5126, at 10:30 a.m. Co-chairs of the meeting were Janet Collins and
John Loonsk.

Welcome.
Dr. David Fleming welcomed the participants and thanked them for their time. He pointed out
that the council's job would be that of leadership and policy setting.

Introduction.
Information Technology Governance (Janet Collins). A slide presentation formed the basis of
the introduction to the IT governance process and purpose of CIC. Janet Collins showed the
membership list of the CIC and pointed out that the OD representatives on the CIC also
constitute the Executive Council (CICEC). These partner organizations are represented on the
CIC: Association of Public Health Laboratories (APHL); Association of State and Territorial
Health Officials (ASTHO); Council of State and Territorial Epidemiologist (CSTE), National
Association of County and City Health Officials (NACCHO); and National Association of Public
Health Statistics and Information Systems (NAPHSIS). The CDC Information Council (CIC)
was formed to represent all of the CIOs as well as external partners, and to ensure a broad
selection of disciplines are represented. The role of the CIC is that of a decision-making, policy
board that will provide direction for the agency. Technical issues will be considered by other
groups and presented to CIC when items have policy implications. This group is not intended to
engage issues at a technical level. Members will serve a two-year term, but the details of how to
ensure some continuity of membership (e.g., selection, transition, and the migration into a
staggered schedule) still need to be worked out.
John Loonsk, Associate Director for Informatics, will share the chair with a CIO representative,
initially Janet Collins, Deputy Director, NCCDPHP. The CIC will make decisions by consensus;
CICEC will resolve differences unable to be reconciled by the CIC.

Schedule and Participation for Meetings (Janet Collins). Meetings will occur on a monthly
basis during a startup period; then they will shift to bimonthly. Observers are welcome, although
it is expected that each CIO will speak through the single designated representative, in the
interest of consistency and manageability. Laura Conn (lconn@cdc.gov), acting Executive
Secretary will be the point of contact for comments, questions, and suggestions for agenda items.
A new CIC web site has been established at www.cdc.gov/cic/.

CIC Activities and Scope (John Loonsk). Prior to the development of a new CDC IT governance
process, Jim Seligman conducted a thorough review of current governance practices in other
organizations. Dr. Koplan's memo dated February 21, 2001 defined the new IT governance
structure and was distributed to CIOs. Dr. Loonsk referred to the slide presentation in outlining
the respective responsibilities of the three layers of the governance structure: the CTOC, the CIC,

and the CICEC. In aggregate, this structure provides for a more modern, more formal structure for management, and it provides a path for issue adjudication not present in the earlier model. Dr. Loonsk then reviewed the charges to the CIC.   The first is to develop the agency's Information Technology Architecture from a strategic and proactive rather than an ad-hoc and reactive posture. Examples include the coordination of CDC's web presence and the coordination of collaborative technologies.   The second is to evaluate, monitor, or oversee initiatives, programs, and projects, facilitating cooperation, advocating for external partnership, and implementation of modern development practices. An example in this area is the NEDSS project; there is also a proposal to two other existing programs to follow a more standardized process for program validation and alignment. Third, the group is to recommend agency-wide requirements, policies, standards, and investments. Again, this is to be strategic, not tactical. Finally, the group is to serve as the primary forum to coordinate review and engage on agency information and IT issues. Examples include HHS integration, Clinger-Cohen compliance (Note: Clinger Cohen is legislation requiring that each government agency appoint a CIO, develop and IT architecture, have a process for reviewing capital expenditures, as well as provide for IT security, training and education for users and IT staff), and capital investment decisions. In working toward transition to the new governance process, the existing HISSB and IRM coordinator structures would be dissolved, though three standing CTOC committees would complete work on existing charges before dissolving.

Comments by CIC members:
- Attend to issues coming out of HISSB (working to do this one - example: Envision system)
- Pay attention to HHS data council's concern with data access
- Historically at HISSB meeting, presentations were very technical and it was hard to sift through the technical issues to identify the implications of the decisions being made. (We will work hard to present issues with as little technical jargon as possible, Janet Collins will serve as a good filter as the co-chair since she does not have technical background.)

CIC charter is intentionally broad in order to give the CIC the appropriate scope for recognizing issues, but that means that the CIC will have to work hard to prioritize which issues will be addressed first. CIC will have to find a balance between presentation and discussion: discussion in the interest of direction setting is the primary goal, but some information will have to be given first. The volume of that information necessitates that it be done in doses, over several meetings, and that the chairs would look to the members to confirm that this be done at the appropriate rate.

CTOC Domains
(John Loonsk) Two items for CIC review and comment: 1) the process of forming a CTOC group, and 2) the validation of the knowledge domain structure.
(John Teeter) The CTOC domain process and structure were reviewed from the document in the meeting packets. Existing committees have been dissolved, with the exception of three committees with work in process (a group to define a room-unit videoconferencing system, a group to define a telecom solution for remote users, and a group to define a hotsite plan to use existing facilities to provide security, failover, and disaster recovery); plans are to 'sunset' these groups when they are finished in order to transition to the new domain structure. In contrast to the former HISSB and IRM coordinator structure, there are no standing committees; rather, the CTOC has identified two domain facilitators who will serve as contact points for the assembly

and management of working groups when an issue is identified and a charge is written to working group. Membership will be determined by issue-specific needs; members may come from CTOC or other organizations. The CIC may also designate membership. The charge to the working group will have a set timeframe for completing the task. The working groups will be expected to report back to the CIC and the CIC will review the finding for concurrence. Charges to the three existing working groups will be formalized and presented to the CIC for review on the intranet CIC site. CIC should review their charges keeping in mind key policy issues that they need to be aware of.

How were these domains determined? CTOC members developed the list by consensus; some of the domains had previous existence and that others did not. Although CTOC has some external input, there was not a lot and that it was offered to CIC for comment.

How will membership be established in the working groups? Membership should be needs based and CIOs might want representatives on the working group that are not necessarily on the CTOC. It is also important to include other organizations, particularly external partners as appropriate. .

How, if domains are virtual, will they mesh in areas of overlap? Domain areas are not exclusive, and a governing principle will be that the working groups must coordinate with other appropriate domain areas.

No disagreement to the implementation of this proposed domain area structure was voiced, implying agreement.

Proposal for Collaborative Technologies

(John Loonsk) Proposal that was included in the meeting packet was reviewed and again identified the need for coordinating efforts around collaborative technology systems. Collaborative technologies include voice conferencing, videoconferencing, desktop conferencing, document sharing, newsgroups, discussion lists, listservs, the infrastructure to support these functions, and other technologies.

There have been several efforts to move forward in these areas, but they have not been coordinated. Since these technologies derive their value from the extent to which they interact, coordinating their selection, planning, and deployment is of critical importance.

The proposal suggests four actions:

1. Charge CTOC with recommending a standard room conferencing system, or if this is not possible to identify the business or technical reasons why.
2. Charge CTOC for a similar standard, or reasons for its impossibility, for desktop conferencing.
3. Charge CTOC with recommending a standard for voice/slide bridging system that will allow screen presentations in concert with voice conferencing.
4. Form a CIC working group to engage a consultant to review the strategic direction for integration and packaging for collaborative technologies as a group. The working group would review and manage the charge to the consultant, receive the recommendations from the three CTOC groups, and communicate its recommendations to the CIC.

It is important to act quickly on these items, as there are significant expenditures to be made in the near future.

Group discussion:
-Does this mean we are replacing Envision? It means that we need to consolidate and align our direction in these technologies, which may mean moving to a new version of Envision.
-What if a single system is not possible, what next? The course of action would depend on the reasons given.
-This group should recognize how important these systems are to CDC partners, and keep in mind that we will need a transition plan. This should be addressed in the fourth action item
-One feature of the CTOC charges is specificity. Previous CTOC actions have often been complicated by the interdigitating nature of the issues under investigation, and the committees have sometimes lost focus. The specificity of these charges is designed to prevent that. Charges might be functional in nature, but that the CIC review should keep into consideration policy issues.
-Keep in mind whether we adopt single-system standards or not, it could not be assumed that all partners would use that system, so we need to be thinking of a system that supports integration with other systems. It was pointed out that most industry standards would enable cross-product communication but we would make this central in the criteria for selection.
- Remember there is a significant investment in existing technologies, and that the plan should allow for continued existence of these systems for some time, rather than mandating a wholesale replacement. This issue is not targeting a wholesale replacement but there is an immediate need for about 25% of systems to be replaced due to bridge issues. Any new systems would be phased in, as well as be upgradeable in the future.
-All action items should proceed in parallel, if an appropriate brand selection in #1 would fit into the industry standards set forth by #4.
- CIC would like to see a breakdown of product criteria and tradeoffs in the results, rather than a simple recommendation from the CTOC work groups. It was suggested that CIC bring its evaluation criteria, and priorities for the criteria, to the charge. Charges will be circulated to CIC members for feedback.
- Does the system have to be necessarily either room-based or desktop? It was confirmed that CDC needs a standard room system and a standard desktop system, and that there are bridging technologies between the two, that would be examined in the #4 action item.

NEDSS: Surveillance Beyond Infectious Disease (Claire Broome)
National Electronic Disease Surveillance System (NEDSS) is a critical and concrete example of working with partners to create interoperable, standards-based surveillance systems. The NEDSS project is currently preparing to roll out a prototype for infectious disease, but much of the functionality would be similar for non-infectious disease. $500,000 is available in FY01 to move forward with non-infectious disease projects. The CIC is requested to contribute comments on the process for moving forward and developing criteria for evaluating proposals. CIOs will be better placed to think creatively about what can be done; but the CIC will need to develop criteria for proposal development and assessment. Examples of guidelines would include whether a module should be disease-specific; the extent to which NEDDS meets the needs of non-infectious disease prevention, and to which it could benefit from extension; and any priority areas, e.g. the Pew Commission report. In FY01, 2-5 awards will be funded, depending on the scope of the activities proposed. Discussion on this topic will be on the agenda for the next meeting.

Closing. (Janet Collins)
Next meeting will be in 4-5 weeks. (Meeting set for June 19, 2001, 3:00 - 4:30pm) Time will be set and members will be notified soon. Need to pick a standing time for these meetings so we can get future meetings scheduled on our calendars farther out. No further comments or issues were raised.

Meeting adjourned at 12:10 pm

Attendees:
Members/Alternates:
J. Lee Annest, NCIPC (envision)
Claire Broome, OD
Kathy Cahill, OD
Blake Caldwell, PHPPO
Janet Collins, NCCDPHP
Ed Dacey, NIOSH
Connie Dorner, NCID
David Fleming, OD
Jeanne Gilliland, NCCDPHP
John Horan, NCIPC (envision)
Ed Hunter, NCHS
Nabil Issa, NCEH
Debbie Jones, PHPPO
Wendy Kaye, ATSDR
Denise Koo, EPO
John Loonsk, OD
Jennifer Madans, NCHS (envision)
Tonya Martin, NCHSTP
Charles Rothwell, NCHS (envision)
Bob Pinner, NCID
Jim Seligman, OD
Dan Sosin, EPO
Heidi Steele, NIP

Partners:
Mike Lavoie, NAPHSIS
Dick Melton, ASTHO (envision)
Gianfranco Pezzino, CSTE

Others/Observers:
Laura Conn, NCID
Jay Lyle, CSC
Joseph Reid, IRMO
John Teeter, IRMO

Meeting packet included:
Meeting agenda
Introductory slide presentation
ITA Review Process document - draft
CTOC Domain document - draft
Proposal for Collaborative Technologies
NEDSS: Beyond Infectious Diseases slide presentation
List of CIC members and contact information
Dr. Koplan's 2/21/2001 IT Governance memo and document